



AROGYAM DIAGNOSTIC CENTRE

आरोग्यम् डायग्नोस्टिक सेन्टर

(A Unit Of Kalhans Health Care Pvt. Ltd.)

Patient Name:	MRS SAYBA BI	Age /Sex:	24 Y/ Female
Ref. By:	DR SUNITA SINGH MS	Date:	Oct. 10, 25
Part Scanned	USG TIFFA		

(TARGETED IMAGING FOR FETAL ANOMALIES)

LMP	23.05.2025	GA BY LMP	20W 00D	EDD BY LMP	27.02.2026
		GA BY AUA	20W 02D	EDD BY AUA	25.02.2026

- Single live intrauterine fetus is seen with **longitudinal lie & cephalic presentation** at the time of study.
- Fetal movements and cardiac activity are well visualized.
- Fetal heart rate is **156** beats / minute and is regular in rhythm.
- Biometric data of the fetus is as follows –**

1	BPD	47 MM	20 WKS 02 DAYS
2	FL	33 MM	20 WKS 02 DAYS
3	AC	145MM	19 WKS 06 DAYS
4	HC	172MM	19 WKS 06 DAYS
5	HUM	30 MM	20 WKS 00 DAY
6	ULNA	27 MM	20 WKS 00 DAY
7	RADIUS	22 MM	
8	TIBIA	28 MM	20 WKS 03 DAYS
9	FIBULA	24 MM	
10	CEREB	20 MM	20 WKS 03 DAYS
11	CM	4.8 MM	
12	NF	3.3 MM	
13	OOD	31 MM	20 WKS 01 DAY
14	IOD	15 MM	
15	LT. VENTRICLE	6.6 MM	
16	CLAV	21 MM	22 WKS 01 DAY
17	NB	5.0 MM	

- Body proportionality ratio is-**

FL/AC	22.8 %
FL/BPD	69.7 %
FL/HC	19.2 %
HC/AC	1.19 %

- Mean gestational age by fetal parameter is **20Wks & 02days \pm 1.9weeks** of the fetus.
- Fetal weight is approx. **329 \pm 51Gms**
- Amniotic Fluid is adequate.
- No loop of cord is seen around the neck at present time of study.
- Placenta is Posterior, maturity Grade – I and its well above from internal OS.** No evidence of retroplacental collection. Cervical length measures ~3.7cm & is normal. Placental thickening measures ~1.5cm & is normal
- No evidence of retroplacental collection.
- Umbilical cord is showing normal '3 vessels appearance'. Insertion of the cord on the fetal anterior abdominal wall and placental side is at the normal site.

Contd....

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AN ISO 9001:2015 CERTIFICATE

Helpline : +91- 9415021038

THE CLINICAL CORRELATION IS ESSENTIAL FOR FINAL DIAGNOSIS | IF TEST RESULT ARE UNSATISFACTORY PLEASE CONTACT SAME DAY | NOT FOR MEDICO LEGAL PURPOSE

Head Office: 3/1262 Near Bhawani Chauraha,
Jankipuram Vistar, Lucknow - 226021
Ph.: 9336154101, Manager. 9151254592

Branch Office: Dipty Khera (Para), Kanpur - Hardoi Ring Road,
Buddheswar, Lucknow - 226017
Mob.: 638615441, Manager Mob.: 9151254598

Branch Office: 49, Jagat Narayan Road,
Near Christian College, Wazirganj, Golaganj, Lucknow - 226018
Ph.: 0522-4027973, Manager Mob.: 9151254600

MORPHOLOGICAL DETAILS OF FETUS:

1. HEAD AND BRAIN:

- Outline of the cranial vault appears intact with no obvious defect visualization in it. mineralisation is normal.
- Size of lateral ventricle:
 - a) Atrial size – normal
 - b) Anatomic appearance of lateral ventricle- lateral wall of frontal horns is normal in shape. No evidence of ballooning.
- Size of the third and forth ventricles-normal.
- Presence of cisterna magna – present
- Appearance of Cerebellar vermis - normal
- Frontal lobes – normal in appearance.
- Cavum septum pellucidi – well visualized and in midline.
- Lateral ventricle appears normal in size and shape.
- No evidence of Ballooning of frontal horns seen.
- No evidence of hydrocephalus or ventriculomegaly.
- Cerebellar vermis is normal in size and shape and no evidence of any posterior fossa cyst. Falx cerebri are in midline.

2. NECK:

- Nuchal fold thickness is within normal limits.
- No evidence any soft tissue edema fluid collection within soft tissue of the neck.
- No evidence of any neck mass or cystic hygroma.

3. FACE:

- Nasal bones are well seen.
- Premaxillary triangle is well seen.
- No obvious exophytic facial mass is seen.
- Mandibular echoes are seen in normal position. No evidence of hypo or hypertelorism.
- Maxillary arch is normal.

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4 SPINE:

- Continuity of spine is maintained in longitudinal & transverse axial sections.
- There is no evidence of divergence or splaying of the pedicles of vertebra.
- There is normal curvature of the spine.
- No fixed position of the spine maintained by the fetus.

5 THORAX:

- Two very tiny echogenic foci of sizes ~1.3mm & ~1.7mm are seen in left ventricle of heart?Papillary muscle calcification .
- No evidence of pleural effusion, lung mass seen or no any mediastinal shift.
- No evidence of mediastinal displacement is present with maintained axis of the heart
- No evidence of eventration of the diaphragm at present.

6. ABDOMEN:

- Gastric bubble is well appreciated.
- Position & size of fetal stomach is normal.
- Biliary ducts show no obvious dilation.
- GB is seen normally
- Liver is normal in size & echopattern.
- Bilateral kidneys are normally seen.
- Urinary bladder is normal.

7. MUSCULO – SKELETAL SYSTEM:

- All long bones appear normal in length with adequate growth for the present menstrual age.
- Mineralization of the bones appears normal. No evidence of fracture present. B/L scapulas are well visualized.
- Calvarial morphology and ossification are normal.
- Both hands and both feet are seen normally.

Contd....

OPINION:-

- SINGLE LIVE INTRAUTERINE FETUS WITH MEAN GESTATIONAL AGE OF 20 WKS & 02 DAYS \pm 1.9WEEKS.
- ECHOGENIC FOCI IN LEFT VENTRICLE?PAPILLARY MUSCLE CALCIFICATION . (Adv:- fetal echo)
- NO GROSS CONGENITAL ANOMALY DETECTED IN THE VISUALIZED ORGANS AT THE TIME OF SCAN.

Advice: Follow up with quadruple marker/ clinical correlation

NOTE:

- 1 The overall sensitivity rate of detection of congenital anomalies by USG is approx 60 – 70 % More over normal study does not exclude a significant anomaly (Ref Antenatal detection of congenital malformation by routine ultrasonography, Rosendahl H. et al)
- 2 At least 40 to 50 % fetuses with down syndrome will have no recognizable sonographic abnormality.
- 3 Some fetal anomalies may not manifest in intrauterine life and may present post natal for the first time.
- 4 Some conditions present late in intra uterine life and require serial follow up scans to rule their presence.
- 5 Blood test like double test (at 11- 13+6weeks) or as a quadruple test at (16 – 20 weeks) of cell free fetal DNA testing (Known as NIPS/NIPT) are done to identify if the fetus is at a higher risk for chromosomal abnormalities.
- 6 To identify if you are a carrier for hemoglobin disorder like beta thalsssemia sickle cell diseases etc. Blood test can be done. There is risk to the fetus if both wife and husband are carrier for it.
- 7 Chromosomal/ genetic disorders cannot be ruled out by ultrasound
- 8 Certain anomalies may go undetected due to technical limitations, maternal body habitus, unfavourable positions or abnormal amount of amniotic fluid
- 9 Fetal 2d echo is not a part of routine structure anomaly scan.
- 10 Surgically correctable minor malformations (cleft/lip/palate/polydactyly) might be missed in USG.

Declaration :

I DR. SRISHTI SINGH declare that while conducting ultrasound study of Mrs. SAYBA BI, I have neither detected nor disclosed the sex of her fetus to anybody in any manner. All congenital anomalies cannot be excluded on USG.

Note: If any typing (Human) error ,please contact & review with reports

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K.K. HOSPITAL

87/88 Nabiullah Road, River Bank Colony, Lucknow

History & Examination Report

Date 22/09/2025

Age

23

Patient Name SAYBA BI

B.P.	110\70	Blood Group	(A+)
Wt.	60.3	O/H	G1P0+0 ML 3 MONTHS
M/H	Regular	L.M.P	23\5\25
P/H	NAD	E.D.D	2\3\26
F/H	NAD	G.A.	17 WEEKS 1 DAYS
F/P	NIL	C/O	FOR ANC CHECKUP ,
O/E ICTERUS	Absent	O/E Pallor	Absent

Vaccination -

Td 12\9\25

Influenza**T Dap**

Investigation 17/07/2025 O/E OEDEMA Absent

Hb%	13	Breast	
Examiner		P/A	FH 20 WEEKS FHS 156
TLC	9400		
DLC	P70 L 26 E02M02		
BS	99	P/S	
URINE-R	NAD		
PPBS		P/V	
Screening			
TSH	0.9		
VDRL	NR		
HCV		USG	18\7\25 SLF OF 8 WEEKS
		Obstetrical	

HIV**HbsAg**

LFT WNL

USG TVS**Other**



भारत सरकार

Government of India



सायबा बी

Sayba Bi

जन्म तिथि/DOB: 15/07/2001

महिला/ FEMALE



4616 1500 7188

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

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Village - Khandiya, Post - Khod, P/S खंडिया, पोस्ट - खोद, पी/एस - , अज़ीम नगर,
- , Azim Nagar, Rampur,
Uttar Pradesh - 244927

पता:

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